

MDR Tracking Number: M5-04-0040-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on September 2, 2003.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the therapeutic exercises, office visits, joint mobilization, aquatic therapy, massage therapy, and electrical stimulation were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Division has determined that fees were the only fees involved in the medical dispute to be resolved. As the therapeutic exercises, office visits, joint mobilization, aquatic therapy, massage therapy, and electrical stimulation were not found to be medically necessary, reimbursement for dates of service from 6/4/03 through 6/12/03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 7th day of November 2003.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division
MQO/mqo

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

November 3, 2003

Re: IRO Case # M5-04-0040

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ____ for an independent review. ____ has performed an independent review of the proposed care to determine if the adverse determination was appropriate.

For that purpose, ____ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a Doctor of Chiropractic who is licensed by the State of Texas, and who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to ____ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ____ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient injured her right knee and lower back in ____ when she slipped and fell on the floor. She has been evaluated with MRIs and electrodiagnostic tests, and has been treated with chiropractic treatment, physical therapy, aquatic therapy, epidural blocks, right knee surgery and medication.

Requested Service(s)

Therapeutic procedure, office outpatient, joint mobilization, aquatic therapy, massage, electrical stimulation 6/4/03-6/12/03

Decision

I agree with the carrier's decision to deny the requested treatment

Rationale

The patient had extensive chiropractic treatment without documented relief of her symptoms or improved function. She had 12 months of chiropractic treatment and physical therapy prior to the dates in dispute without relief of her symptoms or improved function. Based on the documentation presented for this review, the patient suffered sprain/strain injuries to the right knee and lumbar spine

superimposed on degenerative changes in the right knee and a grade one spondylolesthesis at L5 along with disk degeneration at L5. The sprain/strain should have resolved with appropriate treatment in 6-8 weeks.

The treating D.C. placed the patient at MMI on 5/12/03. After an MMI date all further treatment should be reasonable and effective in relieving symptoms or improving function, and in this case treatment failed to be beneficial both prior to and after the 5/12/03 MMI date. The records provided do not show objective, quantifiable findings to support treatment. On a 2/26/03 physical performance test, the documentation showed little response to treatment, with the patient “feeling a lot of pain in her low back” on many of the tests. On 5/24/03 and 4/29/03 positive Waddell signs and inconsistent effort were noted. Based on the records provided, the patient appeared to have plateaued in a diminished condition months prior to the dates in dispute. The records provided did not show how the disputed treatment was medically necessary

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

Sincerely,